MARYLAND STATE DEPARTMENT OF HEALTH

11445

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 254

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

1. PLACE OF DEATH: COUNTY Queen Anne's MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Queenstown X; LENGTH OF STAY (in this place) 20yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Q.A.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Queenstown X; STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED (Type or Print): (First) James (Middle) Wrightson (Last) Beecher

4. DATE OF DEATH: (Month) Nov. (Day) 29 (Year) 1953

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M

8. DATE OF BIRTH: Feb 28, 1870

9. AGE last birthday: 83 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer + Waterman

10b. KIND OF BUSINESS OR INDUSTRY: TENANT FARMING + fishing

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James Beecher

14. MOTHER'S MAIDEN NAME: Louise [redacted] Collier

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Mrs. Spencer Smith (Daughter) Queenstown Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331 X

Immediate cause (a) Cerebral [redacted] Hemorrhage — Interval Between Onset and Death: 22 hrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis, Cerebral — ? yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify); PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.); (CITY OR TOWN); (COUNTY); (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.; INJURY OCCURRED While at Work ☐ Not While At work ☐; HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1951, to Nov., 1953 that I last saw the deceased alive on Nov. 29, 1953, and that death occurred at 5 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Irvin S Hoff M.D. Queenstown Md. 12/29/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial; DATE THEREOF: Dec 2-1953; NAME OF CEMETERY OR CREMATORY: Chesterfield; LOCATION (City, town, or county) (State): Centreville Maryland

DATE REC'D BY LOCAL REG.: Dec. 2-1953; REGISTRAR'S SIGNATURE: Helen M. Aldridge; 24. FUNERAL DIRECTOR: Baxter Bros. ADDRESS: Centreville, Md.

RECEIVED
DEC 8 1953
BUREAU V. S.

M

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11447

CERTIFICATE OF DEATH

Reg. Dist. No. 254

1. PLACE OF DEATH: COUNTY Queen Anne MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Queenstown X
LENGTH OF STAY (in this place) 3 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Queen Anne
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Queenstown X
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) William (Middle) THOMAS (Last) BISHOP
4. DATE OF DEATH (Month) (Day) (Year) November 14 1953

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Sept 22 1856
9. AGE last birthday 97 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming, owner
10b. KIND OF BUSINESS OR INDUSTRY Tilling the soil
11. BIRTHPLACE (State or foreign country) Talbot Co. Md
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME John T. Bishop
14. MOTHER'S MAIDEN NAME Frances Thomas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no
16. SOCIAL SECURITY No. NONE
17. INFORMANT AND ADDRESS Mrs Florence Mason - Centreville, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
420.1 Immediate cause	(a) Coronary Occlusion	½ hr.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic C-V Disease	? yrs.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Carcinoma of glans penis — 1 yr

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct, 1953 to Nov 14, 1953 that I last saw the deceased alive on Nov 14, 1953, and that death occurred at 2 45 p.m., from the causes and on the date stated above.

SIGNATURE Irvin D. Hoyt (Degree or title) MD ADDRESS Queenstown, Md. DATE SIGNED 11/14/53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Nov 16-53
NAME OF CEMETERY OR CREMATORY Chesterfield
LOCATION (City, town, or county) Centreville (State) Md

DATE REC'D BY LOCAL REG. Nov. 15-1953
REGISTRAR'S SIGNATURE Helen M. Aldridge
24. FUNERAL DIRECTOR Barton Bros ADDRESS Centreville Md

RECEIVED
NOV 17 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

11448

Reg. Dist. No. 254

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Type correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Queen Anne MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Grasonville X
LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Queen Anne
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Grasonville X
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (First) Joseph (Middle) C. (Last) Bryan Jr.
4. DATE OF DEATH: (Month) Nov. (Day) 25 (Year) 19 53
5. SEX: Male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: Dec. 6, 1888
9. AGE last birthday: 64 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION..Give kind of work done during most of working life, even if retired): waterman
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: Joseph C. Bryan Sr.
14. MOTHER'S MAIDEN NAME: Mary Parks
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: 717-12-3908
17. INFORMANT & ADDRESS: Mr. Joseph Bryan III

3

18. MEDICAL CERTIFICATION Coroner called inquest not necessary

		Interval Between Onset And Death
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
420.1 Immediate cause	(a) Coronary occlusion (found dead in bed	Nov 25, 53
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Angina pectoris arteriosclerosis	Several years
	DUE TO (c) Uremia-pneumonia chronic congestive bronchitis	April 1953
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death	Chronic malnutrition + alcoholism	About 10 years

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from (May 18) 19 53 to (Nov. 10th) 19 53, that I last saw the deceased alive on (Nov. 24) 19 53, and that death occurred at about 2 A.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Theodore Sattelmaier M.D. Stevensville Nov. 25. 1953.

23. BURIAL, CREMATION, REMOVAL (Specify) burial
DATE THEREOF 11-28-53
NAME OF CEMETERY OR CREMATORY Grasonville Cemetery
LOCATION (City, town, or county) (State) Grasonville, Queen Anne Md.

DATE REC'D BY LOCAL REGISTRAR 11-27-'53
REGISTRAR'S SIGNATURE Helen M. Aldridge
24. FUNERAL DIRECTOR ADDRESS
Maurice E. Newnam & Son
Easton, Md.

RECEIVED
DEC 1 1953
BUREAU V. S.

11449

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 251

1. PLACE OF DEATH · COUNTY: Queen Anne — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Price X
LENGTH OF STAY (in this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: X

2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Md. — COUNTY: Q. A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Price X Md.
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Loshiah (Middle) Smith (Last) Chance
4. DATE OF DEATH: (Month) Nov (Day) 24 (Year) 1953
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Nov 15-1864
9. AGE last birthday: 89 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farm
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13. FATHER'S NAME: Loshiah S. Chance
14. MOTHER'S MAIDEN NAME: Louise Booker
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): 9
16. SOCIAL SECURITY NO.: ?
17. INFORMANT AND ADDRESS: Mr Earl Chance Church Hill Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

542 X

Immediate cause (a) Chronic Interstitial nephritis

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. acute Cystitis

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/1, 1953, to 11/24, 1953 that I last saw the deceased alive on 11/23, 1953, and that death occurred at 6:00 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
W. Henry Fisher M.D. — Centreville Md — 11/28-53

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
DATE THEREOF: Nov 28
NAME OF CEMETERY OR CREMATORY: Chesterfield
LOCATION (City, town, or county) (State): Centreville Md
DATE REC'D BY LOCAL REG.: 11-28
REGISTRAR'S SIGNATURE: Edgar L. Lane
24. FUNERAL DIRECTOR ADDRESS: Edgar L. Lane Church Hill Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A

RECEIVED
DEC 24 1953
BUREAU V. S.

11450

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 254

1. PLACE OF DEATH: COUNTY Queen Annes MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Queenstown X
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Queen Anne
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Queenstown X
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Benjamin (Middle) (Last) Coleman
4. DATE OF DEATH (Month) (Day) (Year) November 4 1953

5. SEX M
6. COLOR OR RACE C
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Divorced
8. DATE OF BIRTH 1903
9. AGE last birthday 50 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY Farm
11. BIRTHPLACE (State or foreign country) Carroll County Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Henry J. Coleman
14. MOTHER'S MAIDEN NAME Elza Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO. 218-20-7450
17. INFORMANT AND ADDRESS Wheeler & Haight, Sykesville, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause 420.1	(a) Coronary Occlussion	?
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary Insufficiency	3-5 yrs.
	(c)	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1951, to Oct, 1953, that I last saw the deceased alive on Oct 28, 1953, and that death occurred at 6 30 A m., from the causes and on the date stated above.

SIGNATURE Irvin S. Hoyt (Degree or title) MD ADDRESS Queenstown Md. DATE SIGNED 11/4/53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Nov 7 1953
NAME OF CEMETERY OR CREMATORY St Luke's Cemetery
LOCATION (City, town, or county) Sykesville (State) Md.

DATE REC'D BY LOCAL REG. 11-5-53
REGISTRAR'S SIGNATURE Helen M. Aldridge
24. FUNERAL DIRECTOR John D. Williams, Easton, Md.
ADDRESS

M

1

VS. 415

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
NOV 9 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 252

1. PLACE OF DEATH: COUNTY Queen Anne MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Centreville R-F-D
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Y

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Queen Anne
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Centreville R F D
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Carrie (Middle) (Last) Dean
4. DATE OF DEATH (Month) 11 (Day) 10 (Year) 53

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow
8. DATE OF BIRTH Feb 24-1855
9. AGE last birthday 78 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) near Price Md
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Isaac Sparks
14. MOTHER'S MAIDEN NAME Sarah Catherine ~~Sparks~~ West

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) 4 no (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS Clara Virginia Dean (Daughter)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 Immediate cause (a) Coronary Occlusion

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE W. Henry Fisher, M.D. (Degree or title) ADDRESS Deputy Med Exam for Q.A. Co Md Centreville Md DATE SIGNED 11/10 53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Nov. 13-53
NAME OF CEMETERY OR ~~CREMATORY~~ Denton
LOCATION (City, town, or county) Denton Caroline Co. (State) Md

DATE REC'D BY LOCAL REG. [illegible]
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR Barton Bros Centreville ADDRESS Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

15A

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11152

CERTIFICATE OF DEATH

Reg. Dist. No. 257

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Queen Anne — MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Centerville; LENGTH OF STAY (in this place) 13 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS None

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Queen Anne; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Centerville; STREET ADDRESS (If rural give location) None

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) Virgie (Last) Huckery

4. DATE OF DEATH: (Month) 11 (Day) 19 (Year) 1953

5. SEX: F. | 6. COLOR OR RACE: Col. | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Separated | 8. DATE OF BIRTH: 11/27/1886 | 9. AGE last birthday: 66 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life. (Never retired): Housewife | 10b. KIND OF BUSINESS OR INDUSTRY: None | 11. BIRTHPLACE (State or foreign country): Maryland | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Jermia Groce | 14. MOTHER'S MAIDEN NAME: Mary E. Sparks

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unk.) No | (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO.: None | 17. INFORMANT & ADDRESS: Clarence Johnson Goldsboro, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause (a) Uremia — 1 wk

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerotic - C-V Renal Disease — ? yrs.

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Parkinsonism

19a. DATE OF OPERATION: None | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1953 to Nov 19, 1953, that I last saw the deceased alive on Nov. 19, 1953, and that death occurred at 10:25 P.M. from the causes and on the date stated above.

SIGNATURE Irvin D. Hoyt (Degree or title) MD | ADDRESS Queenstown | DATE SIGNED 11/20/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 11/23/53 | NAME OF CEMETERY OR CREMATORY Union | LOCATION (City, town, or county) Near Goldsboro, Md. (State)

DATE REC'D BY LOCAL REGISTRAR 11-21-53 | REGISTRAR'S SIGNATURE Elsie Armstrong | 24. FUNERAL DIRECTOR J. E. Boulais | ADDRESS Greensboro, Md.

VS. A

RECEIVED
NOV
BUREAU V. S.

1453

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 251

1. PLACE OF DEATH: COUNTY Queen Anne MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Centreville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Queen Anne
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Centreville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Florence (Middle) (Last) HANDY

4. DATE OF DEATH (Month) 11 (Day) 9 (Year) 1953

5. SEX F

6. COLOR OR RACE Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH Unknown

9. AGE last birthday About 60 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Ned Pinder

14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS RAYMOND HANDY (Rural Centreville

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

421.4

Immediate cause (a) Chronic [illegible] [illegible] [illegible]

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) [illegible] [illegible]

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-1, 1946, to 11/9, 1953, that I last saw the deceased alive on 11-7, 1953, and that death occurred at [illegible] m., from the causes and on the date stated above.

SIGNATURE [illegible] (Degree or title) M.D. ADDRESS [illegible] Md DATE SIGNED 11/10/53

23. BURIAL, CREMATION REMOVAL (Specify)

DATE THEREOF 11/12/53

NAME OF CEMETERY OR CREMATORY Ruthsburg

LOCATION (City, town, or county) Ruthsburg (State) Md.

DATE REC'D BY LOCAL REG. 11-10-53

REGISTRAR'S SIGNATURE Edgar L. Lane

24. FUNERAL DIRECTOR Edgar L. Lane ADDRESS Church Hill Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1

RECEIVED
NOV
BUREAU V. S.

Film#G159 Item# 7 11/27/53 emp

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11454

CERTIFICATE OF DEATH

Reg. Dist. No. 252

1. PLACE OF DEATH:
COUNTY Queen Anne MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Stan X
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Mt Centreville Route 3 X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Queen Anne
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Stan - Mt Centreville
STREET ADDRESS (If rural give location) Route 3

3. NAME OF DECEASED: (Type or Print) (First) Nora (Middle) Monday (Last)

4. DATE OF DEATH: (Month) 11 (Day) 3 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: Col
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed
8. DATE OF BIRTH: 1884
9. AGE last birthday: 69 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: House wife
10b. KIND OF BUSINESS OR INDUSTRY: Domestic
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Anthony N. Thomas
14. MOTHER'S MAIDEN NAME: Emmaline Downes

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: —
17. INFORMANT & ADDRESS: Lloyd E. Blake

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X

Immediate cause (a) Central Hemorrhage & Hemiplegia
DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Central & General Arteriosclerosis
DUE TO

(c)

Interval Between Onset And Death 3 Wks

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Secondary Anemia

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 11, 1953, to Nov 3, 1953, that I last saw the deceased alive on Nov 3, 1953, and that death occurred at 2 Pm, from the causes and on the date stated above.

SIGNATURE Charles H Hinesley (Degree or title) M.D. ADDRESS Greenbrier Md DATE SIGNED Nov 4 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 11/9/53
NAME OF CEMETERY OR CREMATORY Land Town Cem.
LOCATION (City, town, or county) (State) Hillsboro, Md.
DATE REC'D BY LOCAL REGISTRAR 11/9/53
REGISTRAR'S SIGNATURE Elsie Armstrong
24. FUNERAL DIRECTOR James B Dashiell ADDRESS Easton Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 155

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Queen Annes — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Centreville — LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Queenstown

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Balto.
STREET ADDRESS (If rural, give location) 5800 Clearspring Rd

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Clyde	Vernon	Moore	Nov	4	53

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE Last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	Apr 30 1893	60 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Asst Chief Engineer	Self	Maine	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Guy Moore	Mary Freeman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
yes		N. Cooper — 703 Linwood Rd, Balto

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
420.1 Immediate cause (a) coronary occlusion	Minutes
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	
(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF Death (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
Nov	4	53	9 45 a.m.		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Dep. Medical Examiner A.M. Carmine M.D.	Balto. Co. Randallstown Md	11/4/53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Nov 7, 1953	Loudon Park	Balto. Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
11/5/53	Ed. W. Hedrick	Wm. Cook Inc.	1217 Park Ave

Pres

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11456

CERTIFICATE OF DEATH

Reg. Dist. No. 251

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Queen Anne
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Rural Barclay
LENGTH OF STAY (in this place) 79 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS None

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Queen Anne
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Barclay
STREET ADDRESS (If rural give location) None

3. NAME OF DECEASED: (Type or Print) (First) SARAH (Middle) JANE (Last) NICKERSON

4. DATE OF DEATH: (Month) 11 (Day) 24 (Year) 19 53

5. SEX: F.

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: 6/3/1874

9. AGE last birthday: 79 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: William Holden

14. MOTHER'S MAIDEN NAME: Elizabeth Ware

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT'S ADDRESS: Harry Nickerson Barclay, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) 4270 Stroke — Interval Between Onset And Death: 3 days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arterio Sclerotic Heart Disease — 3½ years

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) None

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. None

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 11/21/53 to 11/24/53 19 ....., that I last saw the deceased alive on 11/23, 19 53, and that death occurred at 8 10 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) H. H. Hamilton M.D. — ADDRESS Millington Md — DATE SIGNED 11/24/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 11/27/53 — NAME OF CEMETERY OR CREMATORY Busic — LOCATION (City, town, or county) (State) Near Barclay Md.

DATE REC'D BY LOCAL REGISTRAR 11/25/53 — REGISTRAR'S SIGNATURE Edgar L. Land

24. FUNERAL DIRECTOR — ADDRESS J. E. Boulais Greensboro, Md.

VS. A15

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BUREAU V. S.

11457

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 251

1. PLACE OF DEATH: COUNTY Queen Anne MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sudlersville X
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Walraven Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Q. Anne
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sudlersville X Md.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Sarah (Middle) Chance (Last) Redden
4. DATE OF DEATH (Month) Nov (Day) 18 (Year) 1953

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow
8. DATE OF BIRTH July 5-1860
9. AGE last birthday 93 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (State or foreign country) Md.
12. CITIZEN OF WHAT COUNTRY U.S.A.

13. FATHER'S NAME John E. Chance
14. MOTHER'S MAIDEN NAME ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Mr. Allen Walls Sudlersville Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

422.1

Immediate cause (a) Myocardial Decompensation

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic Myocarditis

(c) Arterial Sclerosis

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility

19a. DATE OF OPERATION W
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) W
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) W m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jun, 1949, to Nov 18, 1953, that I last saw the deceased alive on Nov 14, 1953, and that death occurred at 6 P m., from the causes and on the date stated above.

SIGNATURE C H Mitcalfe (Degree or title) MW ADDRESS Sudlersville, Md DATE SIGNED 11/21/53

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL
DATE THEREOF Nov 21
NAME OF CEMETERY OR CREMATORY Sudlersville
LOCATION (City, town, or county) Sudlersville (State) Md

DATE REC'D BY LOCAL REG. 11-21-53
REGISTRAR'S SIGNATURE Edgar L. Lane
24. FUNERAL DIRECTOR Edgar L. Lane ADDRESS Church Hill Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1

RECEIVED
NOV 30
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11458

CERTIFICATE OF DEATH

Reg. Dist. No. 252

1. PLACE OF DEATH — COUNTY: Queen Anne's — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chester (Rurals) — LENGTH OF STAY (in this place): 12 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Queen Anne's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chester Rurals
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): Josephine (First) Beatrice (Middle) ~~Elizabeth~~ (Last) Turpin
4. DATE OF DEATH: November (Month) 18th (Day) 1953 (Year)
5. SEX: female
6. COLOR OR RACE: Col.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: Jan. 4. 1908
9. AGE last birthday: 45 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Oyster shucker
10b. KIND OF BUSINESS OR INDUSTRY: Seafood industry
11. BIRTHPLACE (State or foreign country): Westpoint Va.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: John Turpin
14. MOTHER'S MAIDEN NAME: Annie Maddox
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 212-14-4048
17. INFORMANT AND ADDRESS: Mary Wh, Flor, Upper Hill, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

526X

Immediate cause (a) subacute abscess of r. lung about 4 months

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) bronchiectasis chronicae about 5 months

(c) (green Streptococcus + Staphylococcus)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 16th, 1953, to Nov. 18th, 1953, that I last saw the deceased alive on Nov. 18, 1953, and that death occurred at 1 55p m., from the causes and on the date stated above.

SIGNATURE: Theodor Dattelmaier (Degree or title) M.D. — ADDRESS: Stevensville Md. — DATE SIGNED: Nov. 18. 1953

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: Nov 22-53 — NAME OF CEMETERY OR CREMATORY: Upper Hill — LOCATION (City, town, or county) (State): Upper Hill Somerset Md

DATE REC'D BY LOCAL REG.: 11-19-53 — REGISTRAR'S SIGNATURE: Elsie Armstrong — 24. FUNERAL DIRECTOR: Charles H Ward — ADDRESS: Marion Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
NOV 25 1953
BUREAU V. S.